HSA COMPATIBLE PLANS

Plan Options	MD Open Access POS HSA Compatible Plan 1.4+		MD Open Access POS HSA Compatible Plan 2.4+	
Member Benefits	In-Network No Referral Needed	Out-of-Network No Referral Needed	In-Network No Referral Needed	Out-of-Network No Referral Needed
Member Coinsurance	N/A	30% after deductible	N/A	30% after deductible
Plan Year Deductible[1]	$1,200 Individual $2,400 Family In-Network and Out-of-Network Combined		$1,500 Individual $3,000 Family In-Network and Out-of-Network Combined	
Plan Year Out-of-Pocket Maximum[2] – Medical and Prescription Drugs (All amounts paid as deductible, coinsurance and copayment for covered services and supplies apply toward the Out-of-Pocket Maximum)	$2,400 Individual $4,800 Family In-Network and Out-of-Network Combined		$2,500 Individual $5,000 Family In-Network and Out-of-Network Combined	
Lifetime Maximum Benefit	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care				
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived	$0 copay, deductible waived	30%, deductible waived
Routine GYN Exams (Limited to one exam and Pap smear every 365 days. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived	$0 copay, deductible waived	30%, deductible waived
Routine Mammograms	$0 copay, deductible waived	30%, deductible waived	$0 copay, deductible waived	30%, deductible waived
Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived	$0 copay, deductible waived	30%, deductible waived
Aetna Vision℠ Discount Program	Included	Not Covered	Included	Not Covered
Primary Physician Office Visit[3]	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Specialist Office Visit[3]	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Outpatient Services – Lab	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Outpatient Services – X-ray (Includes Outpatient Complex Imaging)	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Chiropractic Services (20 visits per condition per plan year. In-network and out-of-network combined)	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year. In-network and out-of-network combined)	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Durable Medical Equipment	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Inpatient Hospital	$0 copay per admission after deductible	30% after deductible	$0 copay per admission after deductible	30% after deductible
Outpatient Surgery	$0 copay after deductible	30% after deductible	$0 copay after deductible	30% after deductible
Emergency Room	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible
Urgent Care	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible
Mental Health – Inpatient (Maximum of 60 days per plan year. Combined maximum with Inpatient Substance Abuse Rehabilitation. In-network and out-of-network combined)	$0 copay per admission after deductible	30% after deductible	$0 copay per admission after deductible	30% after deductible
Substance Abuse – Inpatient (Detox: Unlimited days. Rehab: Maximum of 60 days per plan year. Combined maximum with Inpatient Mental Health. In-network and out-of-network combined)	$0 copay per admission after deductible	30% after deductible	$0 copay per admission after deductible	30% after deductible
Prescription Drugs				
Prescription Drug Deductible	Integrated medical/pharmacy deductible			
Plan Year Out-of-Pocket Maximum – Prescription Drugs	Integrated medical/pharmacy out-of-pocket maximum			
Prescription Drugs: 30-day supply	$10/$25/$50 after deductible	Not Covered	$10/$25/$50 after deductible	Not Covered
Maintenance Drugs: 90-day supply	$20/$50/$100 after deductible		$20/$50/$100 after deductible	
Contraceptives and Diabetic Supplies	Included		Included	
Self-Injectables: 30-day supply	$200 copay after deductible		$200 copay after deductible	
Self-Injectables: 90-day supply	$400 copay after deductible		$400 copay after deductible	

+This is a partial description of benefits available; for more information, refer to the specific plan design summary.

[1]The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

[2]The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

[3]"Open Access" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

Note: Please refer to Aetna's Producer World® website at **www.aetna.com** for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

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HSA COMPATIBLE PLANS

Plan Options	MD Open Access POS HSA Compatible Plan 3.4+	
Member Benefits	In-Network No Referral Needed	Out-of-Network No Referral Needed
Member Coinsurance	N/A	30% after deductible
Plan Year Deductible[1]	$1,500 Individual $3,000 Family In-Network and Out-of-Network Combined	
Plan Year Out-of-Pocket Maximum[2] – Medical and Prescription Drugs (All amounts paid as deductible, coinsurance and copayment for covered services and supplies apply toward the Out-of-Pocket Maximum)	$2,500 Individual $5,000 Family In-Network and Out-of-Network Combined	
Lifetime Maximum Benefit	Unlimited	Unlimited
Preventive Care		
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived
Routine GYN Exams (Limited to one exam and Pap smear every 365 days. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived
Routine Mammograms	$0 copay, deductible waived	30%, deductible waived
Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined)	$0 copay, deductible waived	30%, deductible waived
Aetna Vision℠ Discount Program	Included	Not Covered
Primary Physician Office Visit[3]	$25 copay after deductible	30% after deductible
Specialist Office Visit[3]	$40 copay after deductible	30% after deductible
Outpatient Services – Lab	$40 copay or 50% of the cost of the service, whichever is less, after deductible	30% after deductible
Outpatient Services – X-ray (Includes Outpatient Complex Imaging)	$40 copay or 50% of the cost of the service, whichever is less, after deductible	30% after deductible
Chiropractic Services (20 visits per condition per plan year. In-network and out-of-network combined)	$40 copay after deductible	30% after deductible
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year. In-network and out-of-network combined)	$40 copay after deductible	30% after deductible
Durable Medical Equipment	$0 copay after deductible	30% after deductible
Inpatient Hospital	$250 copay per admission after deductible	30% after deductible
Outpatient Surgery	$40 copay after deductible	30% after deductible
Emergency Room	$100 copay after deductible	$100 copay after deductible
Urgent Care	$40 copay after deductible	$40 copay after deductible
Mental Health – Inpatient (Maximum of 60 days per plan year. Combined maximum with Inpatient Substance Abuse Rehabilitation. In-network and out-of-network combined)	$250 copay per admission after deductible	30% after deductible
Substance Abuse – Inpatient (Detox: Unlimited days. Rehab: Maximum of 60 days per plan year. Combined maximum with Inpatient Mental Health. In-network and out-of-network combined)	$250 copay per admission after deductible	30% after deductible
Prescription Drugs		
Prescription Drug Deductible	Integrated medical/pharmacy deductible	Not Covered
Plan Year Out-of-Pocket Maximum – Prescription Drugs	Integrated medical/pharmacy out-of-pocket maximum	Not Covered
Prescription Drugs: 30-day supply	$15/$35/$60 after deductible	Not Covered
Maintenance Drugs: 90-day supply	$30/$70/$120 after deductible	Not Covered
Contraceptives and Diabetic Supplies	Included	Not Covered
Self-Injectables: 30-day supply	$200 copay after deductible	Not Covered
Self-Injectables: 90-day supply	$400 copay after deductible	Not Covered

+This is a partial description of benefits available; for more information, refer to the specific plan design summary.

[1]The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

[2]The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

[3]"Open Access" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

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Health benefits and health insurance plans are offered/underwritten by Aetna Health Insurance Company (Aetna).

Health benefits and health insurance plans contain exclusions and limitations. This material is for information only and is not an offer or invitation to contract. An application must be completed in order to obtain coverage. Rates and benefits vary by location. Investment services are independently offered through HealthEquity, Inc. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date; however, it is subject to change. For more information on Aetna plans, refer to **www.aetna.com**.

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